

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: 276777 NAME: Kristine M. Borgia FIRM NAME: Kristine M. Borgia Law Corporation STREET ADDRESS: 3963 11th Street, Suite 202 CITY: Riverside STATE: CA ZIP CODE: 92501 TELEPHONE NO.: 951.823.5138 FAX NO.: 760.304.8735 E-MAIL ADDRESS: kristine@borgialawca.com ATTORNEY FOR (name): Victoria Trice	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN BERNARDINO JAN 07 2025 <i>Christina Wright</i> BY: Christina Wright, Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 17780 Arrow Boulevard MAILING ADDRESS: (same) CITY AND ZIP CODE: Fontana, CA 92335 BRANCH NAME: Fontana District - Probate Division	
ESTATE OF (name): Stephen Trinidad Reyes DECEDENT	
PETITION FOR <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters Testamentary <input type="checkbox"/> Probate of <input type="checkbox"/> Lost Will and for Letters of Administration with Will Annexed <input checked="" type="checkbox"/> Letters of Administration <input type="checkbox"/> Letters of Special Administration <input type="checkbox"/> with general powers <input checked="" type="checkbox"/> Authorization to Administer Under the Independent Administration of Estates Act <input type="checkbox"/> with limited authority </div> <div style="width: 50%;"> CASE NUMBER: PROVA2500012 HEARING DATE AND TIME: FEB 27 2025 9:00 AM DEPT: F8 </div> </div>	

1. Publication will be in (specify name of newspaper): San Bernardino City News

- a. ☐ Publication requested.
 b. ☒ Publication to be arranged.

2. **Petitioner** (name each):
 Victoria Trice

requests that

- a. ☐ decedent's will and codicils, if any, be admitted to probate.
 b. (name): Victoria Trice be appointed
 (1) ☐ executor
 (2) ☐ administrator with will annexed
 (3) ☒ administrator
 (4) ☐ special administrator ☐ with general powers
 and Letters issue upon qualification.
 c. ☒ full ☐ limited authority be granted to administer under the Independent Administration of Estates Act.
 d. (1) ☐ bond not be required for the reasons stated in item 3e.
 (2) ☒ \$75,000.00 bond be fixed. The bond will be furnished by an admitted surety insurer or as otherwise provided by law. (Specify reasons in Attachment 2 if the amount is different from the maximum required by Prob. Code, § 8482.)
 (3) ☐ \$ in deposits in a blocked account be allowed. Receipts will be filed.
 (Specify institution and location):

3. a. Decedent died on (date): 09/11/2024 at (place): Rancho Cucamonga, CA

- (1) ☒ a resident of the county named above.
 (2) ☐ a nonresident of California and left an estate in the county named above located at (specify location permitting publication in the newspaper named in item 1):

b. ☐ Decedent was a citizen of a country other than the United States (specify country):

c. Street address, city, and county of decedent's residence at time of death (specify):
 9187 Estacia Street, Rancho Cucamonga, CA 91730 (San Bernardino County)